



# Health Insurance Verification Questionnaire

*Andrea Munson, Licensed Massage Practitioner*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

To help us process your claim successfully, we ask that you talk with your insurance company to provide us with the following necessary information. Please ask these questions.

1. Does your health insurance cover massage therapy performed by an LMP? \_\_\_\_\_
2. Does the treatment require a referral? \_\_\_\_\_
3. Does the treatment have to be prescribed? \_\_\_\_\_
4. Who can refer/prescribe massage therapy? (Circle as many as apply.)  
Primary Care Physician    M.D.    D.C.    Naturopathic Physician
5. Name of Care Physician \_\_\_\_\_ Phone number \_\_\_\_\_
6. Does the plan require pre-authorization? \_\_\_\_\_
7. Who is responsible for the pre-authorization? (Circle one.)  
Physician    Massage Practitioner
8. What is the address or fax# that pre-authorizations should be sent to? \_\_\_\_\_
9. What is the annual allowed massage benefit? (number of sessions or dollar amount) \_\_\_\_\_
10. Do the benefit limits include treatment by a physical therapist or chiropractor? \_\_\_\_\_
11. What is the deductible? \_\_\_\_\_ Has it been met? \_\_\_\_\_ If no, remaining amount \_\_\_\_\_
12. Is there a co-pay? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
13. Does the LMP have to be a preferred provider? \_\_\_\_\_
14. Is Andrea Munson a preferred provider? \_\_\_\_\_
15. If not, are there out of network benefits? \_\_\_\_\_  
If yes, what percentage? \_\_\_\_\_  
Is the deductible the same? \_\_\_\_\_  
If no, what is the dollar amount? \_\_\_\_\_  
Is the annual massage benefit the same as for an in network provider? \_\_\_\_\_
16. Where should claims be sent? \_\_\_\_\_

Date \_\_\_\_\_ Person you spoke with \_\_\_\_\_

Patient Signature \_\_\_\_\_